



**25 SEPTEMBER 2003**

**Personnel**

**ABSENCE AND LEAVE**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: 10 MSS/DPCE (Mr. Michael Richter)  
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Certified by: 10 MSS/DPC (Ms. Deborah J. Huber)  
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AFI 36-815, September 5, 2002, is supplemented as follows:

9.4.6. (Added) The first level supervisor will complete Sample Supervisory Endorsement Memorandum (**Attachment 1**), and forward along with the application to the approving official.

9.5.3. (Added) The approving official for Voluntary Leave Transfer Program (VLTP) applications is second level supervisor or a higher official in the employee's chain-of-command. The approving official will approve or disapprove the application within 3 workdays.

9.5.4. (Added) Upon approval, the supervisor will send a copy of the completed application and supervisor endorsement to 10th Mission Support Squadron Civilian Personnel Flight (10 MSS/DPCE). The application will then be forwarded to the Defense Finance and Accounting Service (DFAS) by 10 MSS/DPCE.

9.9.4. (Added) The first level supervisor will complete USAFA Form 31, **Voluntary Leave Transfer Program (VLTP) Notice of Termination of Medical Emergency**, and send to the approving official, with a copy provided to the leave recipient, the civilian payroll office (FMFC), and to 10 MSS/DPCE.

12.4. (Added) **Forms Prescribed.** USAFA Form 31, **Voluntary Leave Transfer Program (VLTP) Notice of Termination of Medical Emergency**.

12.5. (Added) **Forms Adopted .** OPM Form 630, **Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program**.

**Attachment 1****SUPERVISORY ENDORSEMENT MEMORANDUM**

(Memorandum is For Official Use Only when filled in)

MEMORANDUM FOR (Approving Official)

FROM: (First Level Supervisor)

SUBJECT: Supervisory Endorsement

1. This supervisory endorsement is regarding OPM Form 630 submitted by  
\_\_\_\_\_ (Applicant's name). The following applies:

- a. As the supervisor of the above named applicant, I certify that the employment information contained in the attached application is correct.
- b. I will validate the continuing nature of the hardship each pay period and upon termination of the hardship, stop the allocation of transferred leave.
- c. I am responsible to properly annotate time and attendance records to ensure that all available paid leave is exhausted before any transferred annual leave is used by the applicant. I will work closely with the civilian payroll office to monitor the use of transferred leave.

2. I recommend approval of the attached application.

\_\_\_\_\_  
Signature of First Level Supervisor

\_\_\_\_\_  
Date

Attachment:

OPM Form 630

cc: 10 MSS/DPCE

KEELEY PORTER, Lt Col, USAF  
Commander, 10th Mission Support Squadron